



IOWA
DENTISTRY

VAIL SKI AND DENTAL CE

January 24-28, 2022

Registration Form

Name _____
Office Address _____
City _____ State _____ Zip _____
Office Phone _____ / _____ Cell Phone _____ / _____
Email _____

Please Check:

- ☐ Oral Surgeon
☐ Orthodontist
☐ General Dentist
☐ Auxiliary Staff
☐ Other

Please specify

Course Tuition:

Before November 15, 2021

Restorative Dentistry \$1,000

Surgical Orthodontic \$1,350

After November 15, 2021

Restorative Dentistry \$1,100

Surgical Orthodontic \$1,450

Auxiliary Staff

Restorative Dentistry (CE) \$550

(Audit) \$320

Surgical Orthodontic (CE) \$725

(Audit) \$400

Amount enclosed: _____

☐ Check * ☐ Credit Card



Credit card payments may be mailed (to below address), emailed to:
brenda-colbert@uiowa.edu, or faxed to: 319-335-7465.

Name on Credit Card _____

Address _____

(if different from above) _____

Credit Card Number _____

Expiration Date _____ / _____ CVV Code _____



* Checks should be payable to The University of Iowa, and mailed with Registration form to:

The University of Iowa
Attn: Brenda Colbert
Dept. of Oral & Maxillofacial Surgery
College of Dentistry, S451 DSB
Iowa City, IA 52242